

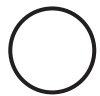
Sheet 1 of 2

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME ADDRESS												
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS												
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS												
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

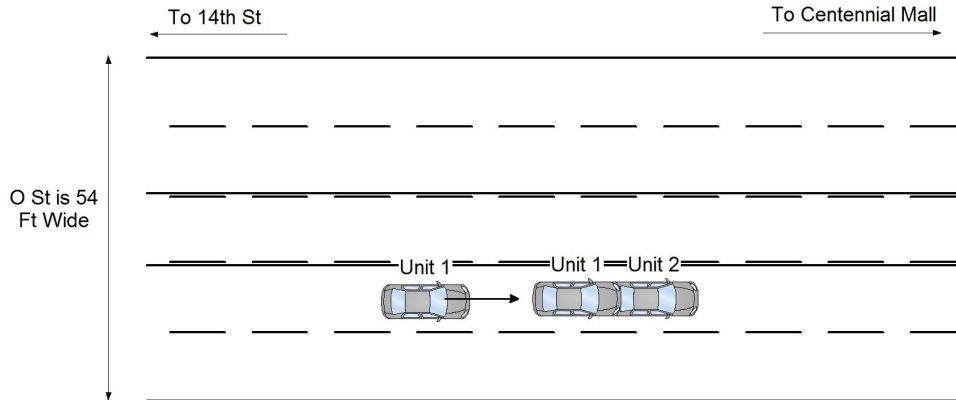
AGENCY CASE NO.
B6-009723



Indicate
North
by Arrow



POI: 161 Ft West of East curb of
Centennial Mall
35 Ft South of North curb of O St



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was operating a motor vehicle EB on O St from 14th St in the inside lane. D1 stated V2 was stopped in traffic in front of him and when he applied his brakes he slipped on ice and collided with V2 at approx. 5 mph. D2 stated she was traveling EB on O St, stopped in traffic when she was struck from behind by V1. D1 was cited and released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS													
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	1							
1			X		O St		POINT OF IMPACT	01	POINT OF IMPACT	05	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px; text-align: center; line-height: 40px;">4</div>		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px; text-align: center; line-height: 40px;">2</div>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian							
2			X		O St		MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px; text-align: center; line-height: 40px;">4</div>		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px; text-align: center; line-height: 40px;">2</div>		ALCOHOL LEVEL TESTED	Y	N	X	N						
1	01	06 Turning left				00 None		02	03	04	1 None used - vehicle occupant		2 Lap & shoulder belt used		BAC LEVEL										
2	01	08 Entering traffic lane				09 Top & windows		<div style="border: 1px solid black; width: 100px; height: 40px; position: relative;"> <div style="position: absolute; left: 10px; top: 10px; width: 10px; height: 10px; border: 1px solid black;"></div> <div style="position: absolute; left: 30px; top: 10px; width: 10px; height: 10px; border: 1px solid black;"></div> <div style="position: absolute; left: 50px; top: 10px; width: 10px; height: 10px; border: 1px solid black;"></div> <div style="position: absolute; left: 70px; top: 10px; width: 10px; height: 10px; border: 1px solid black;"></div> <div style="position: absolute; left: 90px; top: 10px; width: 10px; height: 10px; border: 1px solid black;"></div> </div>				3 Shoulder belt only used		4 Lap belt only used		5 Child safety seat used		6 Child booster seat used		7 DOT approved helmet used		8 Costume helmet used		9 Restraint use unknown	
01 Essentially straight ahead		09 Leaving traffic lane		10 Undercarriage		11 Total (all areas)		05		VEHICLE 2		VEHICLE 2		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2								
02 Backing		10 Parked		12 Other		08		07		06		4		2		1		1							
03 Changing lanes		11 Slowing or stopped in traffic		12 Other		13 Unknown																			
04 Overtaking/ Passing																									
05 Turning right																									

OFFICER NO. 1715	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jessica Stake		INVESTIGATOR SIGNATURE Approved by Officer Jessica Stake	DATE OF REPORT 02/03/2016